

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

State/Territory: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

☒ Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

☐ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE	<u>Louisiana</u>	A
DATE	SEP 12 1995	
DATE	OCT 9 1995	
DATE	JUL 1 1996	
DATE	<u>95-17</u>	
HCFA 179		

TN No.

Supersedes

TN No.

95-17  
90-13

Approval Date:

SEP 12 1995

Effective Date:

JUL 1 1996